No clinical guideline takes the place of good clinical practice. Every case is unique. Always use your best clinical judgement when making medical decisions. Seek additional guidance as appropriate.

Patients with COVID-19 illness have reported a wide range of symptoms, ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Patients with these symptoms may have COVID-19 and should be immediately considered for medical isolation and for definitive testing:

i. Fever equal to or greater than 100. or chills
ii. Cough
iii. Shortness of breath or difficulty breathing
iv. Fatigue
v. Muscle or body aches
vi. Headache
vii. New loss of taste or smell
viii. Sore throat
ix. Congestion or runny nose
x. Nausea or vomiting
xi. Diarrhea

This list does not include all possible symptoms. Testing should be determined by and ordered by a medical provider on a case-by-case basis. As a rule, flu and strep throat testing should be considered before making the decision whether or not to proceed with COVID-19 PCR testing.
New facility intakes (all types): PCR test day of booking (day 1), followed by 14-day quarantine.

Transitional Housing Units and Transitional Work Center residents: PCR test weekly.

Residents scheduled for external medical procedures: PCR testing in accordance with hospital request.

Residents who return from Hospital/ Clinic stays: Quarantine and PCR test (as appropriate) upon return if offsite experience presented high-risk exposure, i.e. multiple EDs, multiple hospital floor exposures, etc.

Pre-release and Pre-transfer: If time to release is not prohibitive, PCR test at the beginning of a 14-day quarantine period abutting the planned day of discharge.

Residents who present as ill:

If COVID-19 symptoms are present, test with the Binax NOW rapid test:

**Positive result:** no need to test with PCR test. Move forward with isolation of resident and identification of contacts.

**Negative result:** if the suspicion is high that the resident is ill with COVID-19 (ex: when loss of taste/smell is reported), utilize PCR test and maintain resident in isolation until results are available.

No symptoms, but identified as having close contacts, etc.:  

(Utilization of antigen-based strategies is NOT recommended, therefore, only a PCR test should be utilized.)

**Negative PCR:** Maintain in quarantine for 14 days (separate from routine intake quarantine)

**Positive PCR:** Isolate resident and identify contacts (if resident was in a quarantine cohort when specimen was collected, the 14-day quarantine restarts once the resident is moved to isolation)

Criteria for discontinuing medical isolation of residents diagnosed with COVID-19:

For persons with mild to moderate COVID-19 illness, who are not severely immunocompromised, medical isolation can be discontinued when all of the following three criteria are present:

- At least 10 days have passed since symptoms first appeared (or since first positive viral test was collected, if asymptomatic).
- At least 24 hours have passed since last fever, without the use of fever-reducing medications, and Symptoms have improved.

For persons with severe illness, or who are severely immunocompromised, medical isolation can be discontinued when all of the following four criteria are present:

- At least 20 days have passed since symptoms first appeared (or since first positive viral test was collected, if asymptomatic).
- At least 24 hours have passed since last fever, without the use of fever-reducing medications, and Symptoms have improved.
- Consultation with infection control experts.
References


